

To:
Crisis Intervention
Providers
HMOs and Other
Managed Care
Programs

Changes to local codes and paper claims for crisis intervention services as a result of HIPAA

This *Wisconsin Medicaid and BadgerCare Update* introduces important changes to local codes and paper claims for crisis intervention services, effective October 2003, as a result of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA). These changes include:

- Adopting nationally recognized codes to replace currently used Wisconsin Medicaid local codes.
- Revising CMS 1500 paper claim instructions.

A separate *Update* will notify providers of the specific effective dates for the various changes.

Changes as a result of HIPAA

This *Wisconsin Medicaid and BadgerCare Update* introduces important billing changes for crisis intervention services. These changes will be implemented in October 2003 as a result of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA). A separate *Update* will notify providers of the specific effective dates for the various changes. These changes are not policy or coverage related (e.g., documentation requirements), but include:

- Adopting nationally recognized procedure codes, place of service (POS) codes, and modifiers to replace currently used Wisconsin Medicaid local codes.

- Revising CMS 1500 paper claim instructions.

Note: Use of the national codes that will replace Wisconsin Medicaid local codes or revised paper claim instructions prior to implementation dates may result in claim denials. Specific implementation dates will be published in a separate *Update*.

Adoption of national codes

Wisconsin Medicaid will adopt nationally recognized medical codes to replace currently used Wisconsin Medicaid local codes for crisis intervention services.

Allowable procedure codes

Wisconsin Medicaid will adopt Healthcare Common Procedure Coding System (HCPCS) codes to replace currently used local procedure codes (W9551-W9563) for crisis intervention services. Refer to Attachment 1 of this *Update* for a procedure code conversion chart. Providers will be required to use the appropriate procedure code that describes the service performed.

Modifiers

Providers will be required to use nationally recognized HCPCS modifiers to identify the type of mental health professional rendering services.

Type of service codes

Type of service codes will no longer be required on Medicaid claims.

Place of service codes

Nationally recognized two-digit POS codes will replace the one-digit Wisconsin Medicaid POS codes. Refer to Attachment 2 for a list of allowable POS codes for crisis intervention services.

Presenting problem codes

Crisis intervention providers will be required to use nationally recognized *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) codes to indicate the presenting problem. Local presenting problem codes 01CR-14CR will no longer be available for use following HIPAA implementation; instead, Wisconsin Medicaid has adopted ICD-9-CM condition codes. Refer to Attachment 3 for a list of allowable condition codes.

Coverage for crisis intervention services

Medicaid coverage and documentation requirements for crisis intervention providers will remain unchanged. Refer to the Crisis Intervention Handbook and *Updates* for complete Medicaid policies and procedures.

Revision of CMS 1500 paper claim instructions

With the implementation of HIPAA, Medicaid-certified crisis intervention providers will be required to follow the revised instructions for the CMS 1500 paper claim form in this *Update*, even though the actual CMS 1500 claim form is not being revised at this time. Refer to Attachment 4 for the revised instructions. Attachment 5 is a sample of a claim for crisis intervention services that reflects the changes to the billing instructions.

Note: In some instances, paper claim instructions will be different from electronic claim instructions. Providers should refer to their software vendor's electronic billing instructions for completing electronic claims.

Revisions made to the CMS 1500 claim form instructions

Revisions made to the instructions for the CMS 1500 paper claim include the following:

- Place of service codes were revised (Element 24B).
- Type of service codes are no longer required (Element 24C).
- Up to four modifiers per procedure code may be entered (Element 24D).
- HealthCheck indicators "H" and "B" are no longer required (Element 24H).
- Spenddown amount should no longer be entered (Element 24K). Wisconsin Medicaid will automatically reduce the provider's reimbursement by the recipient's spenddown amount.

Crisis intervention providers will be required to use nationally recognized *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) codes to indicate the presenting problem.

General HIPAA information

Refer to the following Web sites for more HIPAA-related information:

- www.cms.gov/hipaa/ — Includes links to the latest HIPAA news and federal Centers for Medicare and Medicaid Services HIPAA-related links.
- aspe.hhs.gov/admsimp/ — Contains links to proposed and final rules, links to download standards and HIPAA implementation guides, and frequently asked questions regarding HIPAA and the Administrative Simplification provisions.
- www.dhfs.state.wi.us/hipaa/ — Contains Wisconsin Department of Health and Family Services HIPAA-related publications, a list of HIPAA acronyms, links to related Web sites, and other valuable HIPAA information.

Information regarding Medicaid HMOs

This *Update* contains Medicaid fee-for-service information and applies to providers of services to recipients who have fee-for-service Medicaid. Since HIPAA impacts all health care payers, it is important to know that HIPAA changes, including changes from local procedure codes to national procedure codes, will also have an impact on Medicaid HMOs. For questions related to Medicaid HMOs or managed care HIPAA-related changes, contact the appropriate managed care organization.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at www.dhfs.state.wi.us/medicaid/.

ATTACHMENT 1

Procedure code conversion chart for crisis intervention services

The following table lists the nationally recognized Healthcare Common Procedure Coding System (HCPCS) procedure codes and the modifiers that providers will be required to use when submitting claims for crisis intervention services. A separate *Wisconsin Medicaid and BadgerCare Update* will notify providers of the specific effective dates for Wisconsin Medicaid's implementation of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Procedure code modifier descriptions	
Modifier	Description
HN	Bachelors degree level
HO	Masters degree level
HP	Doctoral level
UA	Psychiatrist
UB	Advanced Practice Nurse Prescriber
U7	Paraprofessional*

Before HIPAA implementation		After HIPAA implementation		
Local procedure code	Local procedure code description	HCPCS procedure code	HCPCS procedure code description	Modifier
W9551	Initial assessment and planning; MD/Advanced Practice Nurse Prescriber	S9484	Crisis intervention mental health services, per hour	UA
				UB
W9552	Initial assessment and planning; PhD	S9484	Crisis intervention mental health services, per hour	HP
W9553	Initial assessment and planning; MS/RN	S9484	Crisis intervention mental health services, per hour	HN
				HO
W9554	Initial assessment and planning; Other	S9484	Crisis intervention mental health services, per hour	U7
W9555	Crisis linkage and follow-up; MD/Advanced Practice Nurse Prescriber	S9484	Crisis intervention mental health services, per hour	UA
				UB
W9556	Crisis linkage and follow-up; PhD	S9484	Crisis intervention mental health services, per hour	HP
W9557	Crisis linkage and follow-up; MS/RN	S9484	Crisis intervention mental health services, per hour	HN
				HO
W9558	Crisis linkage and follow-up; other	S9484	Crisis intervention mental health services, per hour	U7
W9559	Crisis stabilization; MD/Advanced Practice Nurse Prescriber	S9484	Crisis intervention mental health services, per hour	UA
				UB
W9560	Crisis stabilization; PhD	S9484	Crisis intervention mental health services, per hour	HP

* The "Other" category listed in the Crisis Intervention Services Handbook has been renamed "Paraprofessional." For more information on the types of providers listed in this category, refer to Appendix 8 of the Crisis Intervention Services Handbook.

Before HIPAA implementation		After HIPAA implementation		
Local procedure code	Local procedure code description	HCPCS procedure code	HCPCS procedure code description	Modifier
W9561	Crisis stabilization; MS/RN	S9484	Crisis intervention mental health services, per hour	HN
				HO
W9562	Crisis stabilization; Other	S9484	Crisis intervention mental health services, per hour	U7
W9563	Stabilization alternate care, per diem	S9485	Crisis intervention mental health services, per diem	

ATTACHMENT 2

Place of service codes for crisis intervention services

The following table lists the allowable place of service (POS) codes that providers should use when submitting claims for dates of service after Health Insurance Portability and Accountability Act of 1996 (HIPAA) implementation.

POS Code	Description
03	School
04	Homeless Shelter
05	Indian Health Service Free-Standing Facility
06	Indian Health Service Provider-Based Facility
07	Tribal 638 Free-Standing Facility
08	Tribal 638 Provider-Based Facility
11	Office
12	Home
15	Mobile Unit
20	Urgent Care Facility
21	Inpatient Hospital*
22	Outpatient Hospital
23	Emergency Room — Hospital
25	Birthing Center
31	Skilled Nursing Facility*
32	Nursing Facility*
33	Custodial Care Facility
34	Hospice
50	Federally Qualified Health Center
51	Inpatient Psychiatric Facility*
54	Intermediate Care Facility/Mentally Retarded*
60	Mass Immunization Center
61	Comprehensive Inpatient Rehabilitation Facility
71	State or Local Public Health Clinic
72	Rural Health Clinic
99	Other Place of Service

* Services are limited; refer to the Crisis Intervention Services Handbook for more information on services covered at these POS.

ATTACHMENT 3

Condition codes for crisis intervention services

After Health Insurance Portability and Accountability Act of 1996 (HIPAA) implementation, use the *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) condition codes found in this table.

ICD-9-CM code	ICD-9-CM code description
V40.0 – V40.9	Mental and behavioral problems
V41.0 – V41.9	Problems with special senses and other special functions
V60.0 – V60.9	Housing, household, and economic circumstances
V61.0 – V61.9*	Other family circumstances
V62.0 – V62.9*	Other psychosocial circumstances
V65.0 – V65.9*	Other persons seeking consultation without complaint or sickness
V69.0 – V69.9	Problems related to lifestyle
V71.0 – V71.9*	Observation and evaluation for suspected conditions not found

* Some of the condition codes in this category require a fifth digit. Refer to ICD-9-CM for more information.

ATTACHMENT 4

CMS 1500 claim form instructions for crisis intervention services

Use the following claim form completion instructions, *not* the element descriptions printed on the claim form, to avoid denied claims or inaccurate claim payment. Complete all required elements as appropriate. Do not include attachments unless instructed to do so.

Wisconsin Medicaid recipients receive a Medicaid identification card upon being determined eligible for Wisconsin Medicaid. Always verify a recipient's eligibility before providing nonemergency services by using the Eligibility Verification System (EVS) to determine if there are any limitations on covered services and to obtain the correct spelling of the recipient's name. Refer to the Provider Resources section of the All-Provider Handbook or the Medicaid Web site at www.dhfs.state.wi.us/medicaid/ for more information about the EVS.

Element 1 — Program Block/Claim Sort Indicator

Enter claim sort indicator "P" for the service billed in the Medicaid check box. Claims submitted without this indicator are denied.

Element 1a — Insured's I.D. Number

Enter the recipient's 10-digit Medicaid identification number. Do not enter any other numbers or letters. Use the Medicaid identification card or the EVS to obtain the correct identification number.

Element 2 — Patient's Name

Enter the recipient's last name, first name, and middle initial. Use the EVS to obtain the correct spelling of the recipient's name. If the name or spelling of the name on the Medicaid identification card and the EVS do not match, use the spelling from the EVS.

Element 3 — Patient's Birth Date, Patient's Sex

Enter the recipient's birth date in MM/DD/YY format (e.g., February 3, 1955, would be 02/03/55) or in MM/DD/YYYY format (e.g., February 3, 1955, would be 02/03/1955). Specify whether the recipient is male or female by placing an "X" in the appropriate box.

Element 4 — Insured's Name (not required)

Element 5 — Patient's Address

Enter the complete address of the recipient's place of residence, if known.

Element 6 — Patient Relationship to Insured (not required)

Element 7 — Insured's Address (not required)

Element 8 — Patient Status (not required)

Element 9 — Other Insured's Name

Do not enter any information in this element if the EVS indicates that the recipient has no commercial health insurance.

If the EVS indicates that the recipient has commercial health insurance, the provider must attempt to bill the commercial health insurance. If payment is received from the commercial health insurance, indicate the following code in the first box of Element 9:

Code	Description
OI-P	PAID by commercial health insurance. In Element 29 of this claim form, indicate the amount paid by commercial health insurance to the provider or to the insured.

Leave this element blank if the commercial health insurer denies payment.

Element 10 — Is Patient's Condition Related to (not required)

Element 11 — Insured's Policy, Group, or FECA Number (not required)

Elements 12 and 13 — Authorized Person's Signature (not required)

Element 14 — Date of Current Illness, Injury, or Pregnancy (not required)

Element 15 — If Patient Has Had Same or Similar Illness (not required)

Element 16 — Dates Patient Unable to Work in Current Occupation (not required)

Elements 17 and 17a — Name and I.D. Number of Referring Physician or Other Source (not required)

Element 18 — Hospitalization Dates Related to Current Services (not required)

Element 19 — Reserved for Local Use (not required)

Element 20 — Outside Lab? (not required)

Element 21 — Diagnosis or Nature of Illness or Injury

Enter a condition code here, listing the main condition first. The condition code description is not required. Enter only condition codes allowed by Wisconsin Medicaid for crisis intervention services.

Element 22 — Medicaid Resubmission (not required)

Element 23 — Prior Authorization Number (not required)

Element 24A — Date(s) of Service

Enter the month, day, and year for each service using the following guidelines:

- When billing for one date of service (DOS), enter the date in MM/DD/YY or MM/DD/YYYY format in the "From" field.
- When billing for two, three, or four DOS on the same detail line, enter the first DOS in MM/DD/YY or MM/DD/YYYY format in the "From" field and enter subsequent DOS in the "To" field by listing **only** the date(s) of the month. For example, for DOS December 1, 8, 15, and 22, 2003, indicate 12/01/03 or 12/01/2003 in the "From" field and indicate 08/15/22 in the "To" field.

It is allowable to enter up to four DOS per line if:

- All DOS are in the same calendar month.
- All services are billed using the same procedure code and modifier, if applicable.
- All services have the same place of service (POS) code.
- All services were performed by the same provider.
- The same diagnosis is applicable for each service.
- The charge for all services is identical. (Enter the total charge **per detail line** in Element 24F.)

- The number of services performed on each DOS is identical.
- All services have the same emergency indicator, if applicable.

Element 24B — Place of Service

Enter the appropriate two-digit POS code for each service.

Element 24C — Type of Service (not required)

Element 24D — Procedures, Services, or Supplies

Enter the single most appropriate five-character procedure code. Wisconsin Medicaid denies claims received without an appropriate procedure code.

Modifiers

Enter the appropriate (up to four per procedure code) modifier(s) in the “Modifier” column of Element 24D. Please note that Wisconsin Medicaid has not adopted all national modifiers.

Element 24E — Diagnosis Code

Enter the number (1, 2, 3, or 4) that corresponds to the appropriate condition code listed in Element 21.

Element 24F — \$ Charges

Enter the total charge for each line item. Providers are required to bill Wisconsin Medicaid their usual and customary charge. The usual and customary charge is the provider’s charge for providing the same service to persons not entitled to Medicaid benefits.

Element 24G — Days or Units

Enter the appropriate number of units for each line item. Always use a decimal (e.g., 2.0 units). Please use the rounding guidelines listed below.

Minutes Billed	Quantity
1-6	.1
7-12	.2
13-18	.3
19-24	.4
25-30	.5
31-36	.6
37-42	.7
43-48	.8
49-54	.9
55-60	1.0

Element 24H — EPSDT/Family Plan (not required)

Element 24I — EMG (not required)

Element 24J — COB (not required)

Element 24K — Reserved for Local Use

Enter the eight-digit Medicaid provider number of the performing provider for each procedure if that number is different than the billing provider number in Element 33. Enter your non-billing performing provider number here, if you are a county or tribal agency that is also a performing provider. Any other information entered in this column may cause claim denial.

Element 25 — Federal Tax I.D. Number (not required)

Element 26 — Patient's Account No. (not required)

Optional — Providers may enter up to 20 characters of the patient's internal office account number. This number will appear on the Remittance and Status Report and/or the 835 Health Care Claim Payment/Advice transaction.

Element 27 — Accept Assignment (not required)**Element 28 — Total Charge**

Enter the total charges for this claim.

Element 29 — Amount Paid

Enter the actual amount paid by commercial health insurance. (If the dollar amount indicated in Element 29 is greater than zero, "OI-P" must be indicated in Element 9.) If the commercial health insurance denied the claim, enter "000."

Element 30 — Balance Due

Enter the balance due as determined by subtracting the amount paid in Element 29 from the amount in Element 28.

Element 31 — Signature of Physician or Supplier

The provider or the authorized representative must sign in Element 31. The month, day, and year the form is signed must also be entered in MM/DD/YY or MM/DD/YYYY format.

Note: The signature may be a computer-printed or typed name and date or a signature stamp with the date.

Element 32 — Name and Address of Facility Where Services Were Rendered

If the services were provided to a recipient in a nursing home (POS code "31" or "32"), indicate the nursing home's eight-digit provider number.

Element 33 — Physician's, Supplier's Billing Name, Address, ZIP Code, and Phone #

Enter the name of the provider submitting the claim and the complete mailing address. The minimum requirement is the provider's name, address, city, state, and Zip code. At the bottom of Element 33, enter the billing provider's eight-digit Medicaid provider number.

ATTACHMENT 5

Sample CMS 1500 claim form for crisis intervention services

HEALTH INSURANCE CLAIM FORM																																																																																																																																																																																																																																												
<div style="display: flex; justify-content: space-between;"> <div> <div style="display: flex; align-items: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PICA </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div>1. MEDICARE <input type="checkbox"/> (Medicare #) P</div> <div>MEDICAID <input type="checkbox"/> (Medicaid #) <input type="checkbox"/></div> <div>CHAMPUS <input type="checkbox"/> (Sponsor's SSN) <input type="checkbox"/></div> <div>CHAMPVA <input type="checkbox"/> (VA File #) <input type="checkbox"/></div> <div>GROUP HEALTH PLAN <input type="checkbox"/> (SSN or ID) <input type="checkbox"/></div> <div>FECA BLK LUNG <input type="checkbox"/> (SSN) <input type="checkbox"/></div> <div>OTHER <input type="checkbox"/> (ID) <input type="checkbox"/></div> </div> </div> <div> <div style="display: flex; align-items: center;"> <div>1a. INSURED'S I.D. NUMBER</div> <div>(FOR PROGRAM IN ITEM 1)</div> </div> <div>1234567890</div> </div> </div>																																																																																																																																																																																																																																												
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25. FEDERAL TAX I.D. NUMBER SSN EIN <input type="checkbox"/> <input type="checkbox"/>					26. PATIENT'S ACCOUNT NO.					27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO					28. TOTAL CHARGE \$ XX XX																																																																																																																																																																																																																													
29. AMOUNT PAID \$					30. BALANCE DUE \$ XX XX					31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) I.M. Authorized MM/DD/YY SIGNED _____ DATE _____					32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office)																																																																																																																																																																																																																													
33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE # I.M. Billing 1 W. Williams Anytown, WI 55555 PIN# _____ GRP# 65432109																																																																																																																																																																																																																																												

(APPROVED BY AMA COUNCIL ON MEDICAL SERVICE 8/88)

PLEASE PRINT OR TYPE

APPROVED OMB-0938-0008 FORM CMS-1500 (12-90), FORM RRB-1500, APPROVED OMB-1215-0055 FORM OWCP-1500, APPROVED OMB-0720-0001 (CHAMPUS)